## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000003648

FILED Apr 16, 2009 Secretary of State

Entity Name: THE TRUE & LIVING GOD HOLINESS MINISTRY INC.

**Current Principal Place of Business: New Principal Place of Business:** 

4002 CONFEDERATE POINT ROAD JACKSONVILLE, FL 32210

**Current Mailing Address: New Mailing Address:** 

4002 CONFEDERATE POINT ROAD JACKSONVILLE, FL 32210

FEI Number: 26-0174766 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALKER, JOSHIE M WALKER, JOSHIE M 4375 CONFEDERATE POINT RD 5342 SEABOARD AVE **APARTMENT 34** APARTMENT 1-A JACKSONVILLE, FL 32210 US JACKSONVILLE, FL 32210 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSHIE M. WALKER 04/16/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

WALKER, JOSHIE M WALKER, JOSHIE M Name: Name:

5342 SEABOARD AVE APARTMENT 34 Address: 4375 CONFEDERATE POINT RD APT 1-A Address:

City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32210

Title: () Delete Title: (X) Change ( ) Addition

Name: DOUGLAS, DOREY D Name: DOUGLAS, DOREY D

Address: 5342 SEABOARD AVE APARTMENT 34 Address: 4375 CONFEDERATE POINT RD APT 1-A

City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32210

Title: () Delete Title: (X) Change ( ) Addition WILSON, MARIA Name: WILSON, MARIA Name:

ORANGE PARK NORTH 5291 COLLINS RD #130 4375 CONFEDERATE POINT RD APT 19-C Address: Address:

City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSHIE M. WALKER Ρ 04/16/2009